

**REQUEST FOR ABSENCE WITH LEAVE WITHOUT PAY**

CHECK HERE IF THIS IS A RESULT OF A **WORKER'S COMPENSATION CLAIM** \*

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JURISDICTION \_\_\_\_\_

I request ABSENCE WITH LEAVE WITHOUT PAY to begin \_\_\_\_\_

and to extend through \_\_\_\_\_, for the purpose of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

and not for the purpose of engaging in other employment outside the classified service; and

with the understanding that failure to return by the end of the leave will be regarded as

resignation.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

\*If this is a result of a worker's compensation claim, please attach a copy of the first report of injury

Recommend (approval) (disapproval)

\_\_\_\_\_  
(Appointing Authority)

\_\_\_\_\_  
(Appointing Authority)

\_\_\_\_\_  
(Appointing Authority)

\_\_\_\_\_  
(Signature of Dept. Head)

APPROVED:

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Remarks